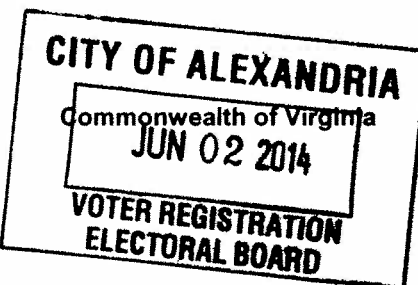




Statement of Organization CANDIDATE COMMITTEE



*Please read instructions before completing this form.

Type of Statement					
<input type="checkbox"/> NEW This committee is registering with the Virginia State Board of Elections for the first time.	<input checked="" type="checkbox"/> AMENDED This committee is filing an amended Statement of Organization. <table border="1"> <tr> <td>Date Changes Took Effect</td> <td>SBE-issued Committee ID</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Date Changes Took Effect	SBE-issued Committee ID		
Date Changes Took Effect	SBE-issued Committee ID				
Committee Information					
Committee Information	Name of Candidate Campaign Committee Elizabeth Mayors In 2015				
	Street Address/PO Box 8469 Yellow Leaf Ct				
	Suite # (tent)				
	City Springfield				
	State VA				
	Zip Code 22153				
Email Address elizabethmayorsin2015.org	Daytime Phone # 240-370-3318				
Campaign Website elizabethmayorsinfo@gmail.com					
Candidate Information					
Candidate Information	Salutation Mrs				
	Last Name Mayors				
	First Name Elizabeth				
	Middle Name 				
	Suffix 				
	Residence Address 8469 Yellow Leaf Ct 22153				
	Apt # 				
City Springfield					
State VA					
Zip Code 22153					
County or City of Residence Springfield	Voter Identification # 				
Email Address elizabethmayorsin2015@gmail.com	Daytime Phone # 240-370-3318				
<input type="checkbox"/> By checking this box, I certify that I am currently registered to vote at the address above.					
Election Information					
Election Information	Office Sought Mayor				
	District (if one) 				
	Political Party Independent				
Year of Election 2015	<input checked="" type="checkbox"/> November				
Type of Election 	<input type="checkbox"/> May				
Type of Election 	<input type="checkbox"/> Special				




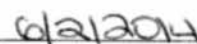



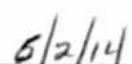
Statement of Organization CANDIDATE COMMITTEE

Treasurer Information					
Treasurer Information	Salutation	Last Name	First Name	Middle Name	Suffix
		Wilson	Vanessa	Viola	Ms
	Residence Address				
	8469 Yellow Leaf Ct				
	Apt #				
	City	State		Zip Code	
	Springfield		VA		22153
	County or City of Residence		Voter Identification #		
	Fairfax County				
	Email Address		Daytime Phone #		
	Vanessa.Wilson@live.com		301-642-4403		
<input checked="" type="checkbox"/> By checking this box, I certify that I am currently registered to vote at the address above.					
Campaign Depository					
Name of Primary Financial Institution			Name of Other Financial Institution (if applicable)		
SunTrust					
City		State	City		State
Springfield		VA			
Committee Activity					
Dates of Activity	Please provide the following dates. (If an action has not yet occurred for this committee, write "N/A")				
	Date first contribution accepted:		4/26/14		
	Date first expenditure made:		4/28/14		
	Date campaign depository designated:		SunTrust 4/14		
	Date filing fee paid for party nomination:		N/A		
	Date Statement of Qualification filed:		N/A		
	Date treasurer appointed:		4/21/14		

(continued on next page)



Statement of Organization CANDIDATE COMMITTEE

Filing Method	
Filing Method	<p>Please indicate the method by which this committee will submit all required campaign finance reports:</p> <p><input type="checkbox"/> File electronically using SBE's Electronic Filing Application.</p> <p><input type="checkbox"/> File electronically using an SBE Approved Vendor (Please indicate Name of Vendor: _____)</p> <p><input checked="" type="checkbox"/> File paper reports.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;">  _____ Signature </div> <div style="text-align: center;">  _____ Date </div> </div>
Signatures	
Candidate's Signature	<p>I affirm that, to the best of my knowledge, all of the information on this form is complete and truthful. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the <i>Code of Virginia</i>). I also understand that my Treasurer and I must truthfully report, in a timely manner, all monies and things of value which this campaign committee receives or expends. Civil penalties shall be assessed for late or un-filed reports in the manner required by the <i>Code of Virginia</i>. I further understand that if I do not appoint a treasurer, or if at any time the treasurer's position is vacant, that I, as the candidate, will assume and accept all of the Treasurer's duties until the position is filled. I also understand that if I provide false information on this or any document submitted to the State Board of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;">  _____ Candidate's Signature </div> <div style="text-align: center;">  _____ Date </div> </div>
Treasurer's Signature	<p>I accept the appointment of Treasurer of this campaign committee. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the <i>Code of Virginia</i>). I understand that I must truthfully report all monies and things of value which this campaign committee receives or expends in a timely manner. Civil penalties will be assessed in the manner required by the <i>Code of Virginia</i> for late or non-filed reports. I also understand that if I provide false information on this or any document submitted to the State Board of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;">  _____ Treasurer's Signature </div> <div style="text-align: center;">  _____ Date </div> </div>